

To:
Federally Qualified
Health Centers
Nurse Midwives
Nurse
Practitioners
Physician
Assistants
Physician Clinics
Physicians
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Procedure codes eligible to receive the Health Personnel Shortage Area-enhanced reimbursement rates

Effective for dates of service (DOS) on and after May 1, 2002, Wisconsin Medicaid will make additional procedure codes eligible for the Health Personnel Shortage Area (HPSA)-enhanced reimbursement rate. Providers are also reminded to use a HealthCheck modifier, not a HPSA modifier, when submitting claims for HPSA-eligible HealthCheck screens in order to receive the HealthCheck-enhanced reimbursement rate.

Additional procedure codes eligible for Health Personnel Shortage Area-enhanced reimbursement

Effective for dates of service on and after May 1, 2002, Wisconsin Medicaid will make additional *Current Procedural Terminology* (CPT) codes eligible for the Health Personnel Shortage Area (HPSA)-enhanced reimbursement rate to reflect current CPT codes for primary care procedures. Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* contains a list of all procedure codes eligible for HPSA-enhanced reimbursement as of May 1, 2002. Attachment 2 lists procedure codes that are *newly* eligible for HPSA-enhanced reimbursement as of May 1, 2002.

Wisconsin Medicaid provides enhanced reimbursement to primary care providers who provide care in or to recipients from areas designated by Wisconsin Medicaid as HPSAs. Refer to the Billing Basics chapter of the Medicine and Surgery section of the Physician Services Handbook for more information on HPSA incentive payments and reimbursement information.

Reimbursement for Health Personnel Shortage Area services provided during HealthCheck screens

Certified HealthCheck providers performing preventive visits (procedure codes 99381-99385 and 99391-99395) for recipients under age 21 are eligible for either HPSA or HealthCheck incentive payments. Reimbursement is greater for HealthCheck screens than for preventive visits eligible for HPSA bonuses. Providers may receive only one of the bonuses.

If the preventive visit is a qualified HealthCheck screen, providers should use the appropriate HealthCheck modifier instead of the HPSA modifier. If the visit does not qualify as a HealthCheck screen but meets the HPSA requirement, the provider should use the appropriate HPSA modifier. If both HPSA and

HealthCheck modifiers are used, Medicaid will pay the greater of the two incentive payments. For more information about HealthCheck services, refer to the HealthCheck Handbook.

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

All procedure codes eligible for Health Personnel Shortage Area-enhanced reimbursement effective May 1, 2002

Procedure codes eligible for Health Personnel Shortage Area (HPSA)-enhanced reimbursement for dates of service on and after May 1, 2002	
Category	Procedure code
Evaluation and Management Services	
<i>New Patient</i>	99201, 99202, 99203, 99204, 99205
<i>Established Patient</i>	99211, 99212, 99213, 99214, 99215
<i>Emergency Department</i>	99281, 99282, 99283, 99284, 99285
Preventive Medicine	94772, 96110*, 99381, 99382, 99383, 99384, 99385*, 99386*, 99387*, 99391, 99392, 99393, 99394, 99395*, 99396*, 99397* 99431*, 99432, 99433*, 99435*
Obstetric Care	59020, 59025, 59050, 59300, 59400, 59409, 59410, 59412, 59414, 59425, 59426*, 59430, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622, 59812, 59820, 59821, 59830, 76805, 76810, 76815, 76818, 76819, 76825, 76826*, 76827*, 76828*, 76830* W6000 — Antepartum care, initial visit W6001 — Antepartum care, two to three visits
Vaccines	90701, 90702, 90704, 90705, 90706, 90707, 90708, 90709, 90712, 90744 W7020 — Hepatitis B vaccine (pediatric formulation)

*Procedure codes that are newly eligible for the HPSA-enhanced reimbursement. Refer to Attachment 2 of this *Wisconsin Medicaid and BadgerCare Update* for definitions of these codes.

ATTACHMENT 2

Procedure codes that are newly eligible for Health Personnel Shortage Area-enhanced reimbursement effective May 1, 2002

Code	Description of service	Code	Description of service
59426	Antepartum care only; 7 or more visits	99387	65 years and over
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study		
76827	Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; complete	99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
76828	Follow-up or repeat study	99396	40-64 years
76830	Ultrasound, transvaginal	99397	65 years and over
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	99431	History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records.
		99433	Subsequent hospital care, for the evaluation and management of a normal newborn, per day
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, a examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years	99435	History and examination of the normal newborn infant, including the preparation of medical records.
99386	40-64 years		